Health Care Financing Notes

Medicare: Use of Hospital Outpatient Services, 1974-1978

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Health Care Financing Notes

The Health Care Financing Administration was established to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review Organization program, and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million of the nation's aged, disabled, and poor. The Agency must also ensure that program beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality, and that Agency policies and actions promote efficiency and quality within the total health care delivery system.

HCFA's Office of Research, Demonstrations, and Statistics (ORDS) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present Federal programs. ORDS also assesses the impact of HCFA programs on health care costs, program expenditures, beneficiary access to services, health care providers, and the health care industry. In addition, ORDS monitors national health care expenditures and prices and provides actuarial analyses on the costs of current HCFA programs as well as the impact of possible legislative or administrative changes in the programs.

The purpose of the ***Health Care Financing Notes*** is to provide the public with descriptive program data or information as soon as it becomes available. Data are presented here in a brief, concise format. Frequently a more comprehensive analysis of the data may be available at a later time in one of the Health Care Financing Administration's other publications.

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Medicare: Use of Hospital Outpatient Services, 1974-1978

By Martin Ruther

This *Note* presents preliminary data on the use of hospital outpatient services by Medicare beneficiaries in 1978. It is the second in a series presenting hospital outpatient data from the Medicare program. Diagnostic and therapeutic hospital outpatient services are covered under the supplementary medical insurance (SMI) program. Diagnostic services are examinations or tests for assessing medical conditions or for identifying diseases. These include the services of nurses, psychologists, and technicians; drugs needed for diagnosis; and the use of supplies and equipment. Therapeutic services are those that aid physicians in treating patients and must pertain to physicians' services. Services include the use of hospital facilities such as clinic and emergency rooms, the services of various hospital personnel, speech and physical therapy services, and medical supplies and medical devices. Excluded are charges by physicians except in cases where they elect to have hospitals do their billing for them.

Beneficiaries with end-stage renal (kidney) disease (ESRD), primarily use hospital outpatient benefits for renal dialysis services. However, renal dialysis treatments are covered also by freestanding dialysis centers, that is, centers without hospital affiliation. These services also are covered under the SMI program but are not included in this report.

Table 1 shows hospital outpatient covered charges and reimbursements for 1974-1978 for all beneficiaries, with breakouts for aged and disabled beneficiaries. Disabled beneficiaries include persons under 65 years of age with ESRD. Enrollment is as of July 1.

Table 2 shows data for 1974-1978 for persons under 65 years with ESRD. Enrollment is based on the number of persons enrolled at any time during the year. Because virtually all ESRD beneficiaries use dialysis services, using July 1 (average) enrollment in computing average reimbursement per beneficiary would overstate the average. This report begins with 1974 since that was the first full year Medicare covered disabled and ESRD beneficiaries.

Tables 3 and 4 show covered charges and reimbursements of hospital outpatient services for 1978 for aged and disabled beneficiaries by area of residence. (These tables exclude those with ESRD.)

The data for 1978 are based on bills recorded 6 months after the year of service (July 1, 1979). The data for the years 1974-1977 are based on bills recorded 12 months after the year of service. Thus the data for 1978 is less complete than for earlier years. To make national totals for 1978 comparable to earlier years, the estimates for 1978 should be increased about 2 percent.

The highlights of the data shown in the tables follow.

Trends In Hospital Outpatient Services

Charges and Reimbursements, 1974-1978

All Medicare Beneficiaries

- Between 1974 and 1978, total charges for hospital outpatient services to all Medicare beneficiaries increased 159 percent, from $535 million to $1,384 million (an average annual increase of 27 percent). Reimbursements increased at an average annual rate of 30 percent, from $323 million to $924 million, an increase of 186 percent. The average amount reimbursed per beneficiary increased from $13.96 to $35.42, an average rate of increase of 26 percent per year.

Aged

- Covered charges incurred by the aged increased from $395 million in 1974 to $1,005 million in 1978, an average annual increase of 26 percent (Table 1). In the same period, the average annual increase of reimbursements to the aged went up even more, 31 percent, from $221 million to $648 million.

- Average charges per aged beneficiary rose at an annual average rate of 23 percent—from $18.42 in 1974 to $42.73 in 1978. During the same period, the average annual increase of reimbursements per beneficiary went up even more—28 percent—from $10.30 to $27.55 (Table 1).

- Reimbursements rose faster than charges because an increasing proportion of beneficiaries exceeded the SMI deductible.

This report is one of a series prepared in the Office of Research, Judith Lave, Director, to provide a description and analysis of the use and cost of the health care benefits furnished to the beneficiaries of the Medicare and Medicaid programs administered by the Health Care Financing Administration. This report was written under the administrative supervision of Allen Dobson, Director, Division of Beneficiary Studies. It was prepared in the Program Statistics Branch, Herbert A. Silverman, Chief. Statistical and software services were provided by Kathryn D. Barrett, Vikki Latta and Betty Gunn.

- The ratio of reimbursements to charges rose from 55.9 to 64.5 percent (Table 1), because as higher total charges per beneficiary are incurred, the SMI deductible becomes a smaller proportion of total charges and the percentage reimbursed by Medicare moves toward the 80 percent coinsurance rate allowed by Medicare.

- Hospital outpatient reimbursements as a percent of all SMI reimbursements for the aged increased from 7.7 percent in 1974 to 10.8 percent in 1978.

All Disabled

- Covered charges incurred by the disabled increased from $141 million in 1974 to $379 million in 1978—an average annual increase of 28 percent (Table 1).

- Reimbursements for disabled beneficiaries also rose at an average annual rate of 28 percent, from $103 million in 1974 to $275 million in 1978 (Table 1). The amount reimbursed per disabled beneficiary increased from $57.07 to $108.29, an average annual rate of increase of 17 percent.

- Hospital outpatient reimbursements as a percent of total SMI reimbursements fell from 28.6 percent in 1974 to 24.6 percent in 1978. This reflects, in part, increased use by ESRD beneficiaries of freestanding dialysis centers.

- In 1978, the proportion of hospital outpatient reimbursements to all outpatient reimbursements (hospital and nonhospital) was 59 percent for the disabled compared to 83 percent for the aged. The lower ratio for the disabled reflects reimbursements made for kidney dialysis treatments to ESRD beneficiaries in nonhospital settings.

Persons with End-Stage Renal Disease

- Between 1974 and 1978, covered charges for hospital outpatient services incurred by persons with ESRD increased from $96 million to $220 million, an average annual increase of 23 percent (Table 2).

- Covered charges of $220 million incurred by persons with ESRD in 1978 represented 58 percent of all covered charges for hospital outpatient services incurred by disabled persons.

- Reimbursements to persons with ESRD increased from $76 million in 1974 to $171 million in 1978, an average annual increase of 23 percent (Table 2).

- The number of persons with ESRD enrolled at any time during the year increased from 19,568 in 1974 to 41,472 in 1978, an average annual increase of 21 percent.

- Average reimbursement for hospital outpatient services per beneficiary during the year increased from $3,867 in 1974 to $4,126 in 1978.

- Between 1974 and 1978, disabled persons with ESRD (see Definition) enrolled during the year increased from 6,697 to 19,267 or 188 percent (an average annual increase of 30 percent). Total reimbursements to these persons increased from $20 million to $68 million, an increase of 218 percent or an average annual increase of 34 percent. Average reimbursement per beneficiary enrolled during the year increased from $3,178 to $3,515 (Table 2).

- Persons eligible for Medicare benefits because of ESRD only (see Definition) increased from 12,871 enrolled during 1974 to 22,205 in 1978, an average annual increase of 15 percent. Total reimbursements to these persons increased from $54 million in 1974 to $103 million in 1978, an increase of 90 percent and an average annual increase of 17 percent. The average reimbursement per beneficiary enrolled during the year increased from $4,226 to $4,656 (Table 2).

Reimbursement and Enrollment, 1978

Aged

- Of the $924 million in hospital outpatient reimbursements in 1978, 70 percent was for the aged (Table 1). The 23.5 million aged represented 90 percent of all supplementary medical insurance (SMI) beneficiaries.

Disabled

- In contrast to the aged, 19 percent of the reimbursements were for persons with ESRD who comprised only 0.1 percent or 41,000 of all SMI beneficiaries. Those disabled persons without ESRD received 11 percent of hospital outpatient reimbursements and made up about 10 percent (2.5 million) of the total SMI population.

Reimbursement of Beneficiary by Area of Residence, 1978

Aged

- In 1978, the average hospital outpatient reimbursement per aged beneficiary in the United States was $28 (Table 3). The highest average was to residents in the West, $37; the lowest was to those in the South, $19. Except for Alaska, Massachusetts had the highest average reimbursement per beneficiary—$51. (Alaska was highest among all States but the average reimbursement is subject to large sampling error because the aged population is small.) Kentucky had the lowest average among all States—$13.

- The ratio of reimbursements to charges among the aged averaged 64.5 percent for all areas. In the United States, reimbursement rates varied from 72 percent in California to 51 percent in West Virginia.

Disabled Excluding ESRD Beneficiaries

- In 1978, the average reimbursement per disabled beneficiary excluding those with ESRD was $41 (Table 4). This was 50 percent more than the average for the aged. Because of the high charges for dialysis to ESRD beneficiaries these beneficiaries have been excluded from Table 4. This exclusion avoids distorting the average hospital outpatient charges and reimbursements in States with ESRD users and comparatively few disabled users without ESRD.

- Regional differences varied more for the disabled than for the aged. The average reimbursement per disabled beneficiary living in the West was $65, while in the South it was $28.

- Residents of Massachusetts received the highest reimbursement per disabled beneficiary—$86. Louisiana and Kentucky residents received the lowest reimbursements, $15 per beneficiary.

- The proportion of reimbursements to covered charges to the disabled averaged 66 percent. These rates ranged in the United States from 73 percent in California to 51 percent in South Carolina.

Source and Limitations of Data

The hospital outpatient data in this *Note* were derived from a 5 percent sample of persons enrolled for supplementary medical insurance. Counts were multiplied by 20 to estimate total data. Data for 1978 were taken from bills for services performed in hospital outpatient departments during that year and tabulated by the Health Care Financing Administration's central records as of July 1, 1979, (that is, 6 months following the year of service). It is estimated that these bills represent about 95 percent of reimbursements for hospital outpatient services in 1978. Data for the years 1974–1977 were based on bills recorded 12 months following the year of service. Payments for hospital outpatient services shown in this report are based on interim rates that may be adjusted after the end of the hospital's accounting year based on reasonable costs of operation. SMI enrollment counts in this report are as of July 1.

Standard Error Tables

Tables 5 and 6 show approximate standard errors for estimates in this report. The standard error is primarily a measure of sampling variability, that is, the variation that occurs by chance because a sample rather than the whole population is used. To calculate standard errors at reasonable costs, approximation methods were used. Thus, these tables are only indicators of the order of magnitude of the standard errors for specific estimates. In general, estimates for small subgroups and percentages or means with small bases tend to be relatively unreliable.

Definition

Disabled Medicare Beneficiaries: These persons consist of two groups of beneficiaries. The first are persons who have been entitled to cash disability benefits for at least 24 consecutive months. Some of these persons entitled to cash disability benefits have end-stage renal disease and are called (in Table 2) Disabled with ESRD. The second are persons who are not entitled to cash disability benefits or persons who have not been entitled to cash disability benefits for 24 consecutive months. They are entitled to Medicare because they have ESRD and meet certain social security insured status requirements. In Table 2, these persons are called ESRD Eligibles Only.

TABLE 1

Use of Hospital Outpatient Services by the Aged and Disabled: Covered Charges and Reimbursements, 1974-1978

(Dollar amounts in thousands)

Year Service Incurred[1]	SMI Enrollment[2]	Covered Charges	Reimbursements		
			Amount	Per Beneficiary	As Percent of Charges
		All Beneficiaries			
1974	23,166,570	$ 535,296	$323,383	$ 13.96	60.4
1975	23,904,551	747,518	469,875	19.66	63.0
1976	24,614,402	974,708	630,323	25.61	64.7
1977	25,363,468	1,175,878	773,490	30.50	65.8
1978	26,074,085	1,384,067	923,658	35.42	66.7
Percent Change, 1974-1978	13	159	186	154	10
		Aged			
1974	21,421,545	$ 394,680	$220,742	$ 10.30	55.9
1975	21,945,301	546,095	323,563	14.74	59.3
1976	22,445,911	704,569	432,971	19.29	61.5
1977	22,990,826	855,412	540,040	23.49	63.1
1978	23,530,893	1,005,467	648,249	27.55	64.5
Percent Change, 1974-1978	10	155	194	167	15
		Disabled			
1974	1,745,019	$ 140,617	$102,641	$ 57.07	70.8
1975	1,959,248	201,423	146,312	74.69	72.6
1976	2,168,467	270,139	197,352	91.03	73.1
1977	2,372,594	320,466	233,450	98.38	72.8
1978	2,543,162	378,600	275,409	108.29	72.7
Percent Change, 1974-1978	46	169	168	90	3

[1] The 1974-1977 figures are based on data recorded one year after the year service was incurred; 1978 data are preliminary and are based on data recorded as of July 1.
[2] As of July 1.

TABLE 2

Use of Hospital Outpatient Services by Persons Under 65 Years of Age with End-stage Renal Disease: Covered Charges and Reimbursements, 1974–1978

(Dollar amounts in thousands)

Year Service Incurred[1]	SMI Ever Enrolled	Covered Charges	Reimbursements		
			Amount	Per Beneficiary	As Percent of Charges
	All ESRD Eligibles under 65 Years				
1974	19,568	$ 96,407	$ 75,679	$3,867	78.5
1975	25,635	133,504	104,206	4,065	78.1
1976	31,744	170,161	133,183	4,196	78.3
1977	36,147	191,099	149,156	4,126	78.1
1978	41,472	220,313	171,108	41,26	77.7
Percent Change, 1974-78	112	129	126	7	– 1
	Disabled with ESRD				
1974	6,697	$ 27,125	$ 20,288	$3,178	78.5
1975	9,735	38,868	30,128	3,095	77.5
1976	13,531	52,244	40,668	3,006	77.8
1977	16,197	68,762	53,416	3,298	77.7
1978	19,267	87,482	67,732	3,515	77.4
Percent Change, 1974-1978	188	223	218	11	– 1
	ESRD Eligibles Only [2]				
1974	12,871	$ 69,282	$ 54,391	$4,226	78.5
1975	15,900	94,636	74,078	4,659	78.3
1976	18,213	117,917	92,515	5,080	78.5
1977	19,950	122,337	95,740	4,799	78.3
1978	22,205	132,831	103,376	4,656	77.8
Percent change, 1974-1978	73	92	90	10	– 1

[1] The 1974-1977 figures are based on data recorded one year after the year service was incurred; 1978 data are preliminary and are based on data recorded as of July 1.
[2] Comprises persons with ESRD eligible for Medicare solely because of Selection 299-I of the Social Security Amendments of 1972.

TABLE 3

Use of Hospital Outpatient Services by the Aged: Covered Charges and Reimbursements, by Residence, 1978[1]

(Dollar amounts in thousands)

Area of Residence	Covered Charges	Reimbursements		
		Amount	Per Beneficiary[2]	As Percent of Charges
All Areas	$1,005,467	$648,249	$27.55	64.5
United States [3]	1,002,906	646,680	27.73	64.5
Northeast	319,865	202,958	35.67	63.5
North Central	248,365	154,011	24.47	62.0
South	229,587	145,688	19.44	63.5
West	205,090	144,023	37.47	70.2
New England	86,346	58,172	40.87	67.4
Connecticut	15,464	10,138	29.92	65.6
Maine	8,668	4,958	36.73	57.2
Massachusetts	50,010	34,994	51.45	70.0
New Hampshire	4,051	2,638	27.53	65.1
Rhode Island	6,060	4,101	34.77	67.7
Vermont	2,093	1,342	24.15	64.1
Middle Atlantic	233,519	144,787	33.94	62.0
New Jersey	35,938	24,729	30.83	68.8
New York	120,864	76,147	37.27	63.0
Pennsylvania	76,717	43,911	30.90	57.2
East North Central	178,316	109,525	26.05	61.4
Illinois	49,350	31,780	27.07	64.4
Indiana	21,701	13,854	25.38	63.8
Michigan	50,033	29,582	34.43	59.1
Ohio	37,739	23,596	21.70	62.5
Wisconsin	19,495	10,713	19.92	55.0
West North Central	70,049	44,487	21.29	63.5
Iowa	12,103	7,698	20.66	63.6
Kansas	10,040	6,589	22.68	65.6
Minnesota	18,945	12,481	27.36	65.9
Missouri	19,516	11,691	19.22	59.9
Nebraska	5,445	3,432	17.40	63.0
North Dakota	1,966	1,272	16.47	64.7
South Dakota	2,033	1,324	15.20	65.1
South Atlantic	137,118	87,581	23.07	63.9
Delaware	2,849	1,839	33.75	64.6
District of Columbia	4,535	3,208	49.43	70.7
Florida	46,336	31,987	22.52	69.0
Georgia	17,555	11,445	25.00	65.2
Maryland	17,440	10,716	30.84	61.4
North Carolina	16,155	9,006	16.82	55.7
South Carolina	6,884	3,701	14.76	53.8
Virginia	17,478	11,692	26.27	66.9
West Virginia	7,886	3,987	18.10	50.6

TABLE 3—Continued

Use of Hospital Outpatient Services by the Aged: Covered Charges and Reimbursements, by Residence, 1978[1]

(Dollar amounts in thousands)

Area of Residence	Covered Charges	Reimbursements		
		Amount	Per Beneficiary[2]	As Percent of Charges
East South Central	37,665	23,233	15.41	61.7
Alabama	10,340	6,738	16.98	65.2
Kentucky	8,853	5,077	13.34	57.3
Mississippi	6,073	3,747	14.30	61.7
Tennessee	12,399	7,671	16.39	61.9
West South Central	54,804	34,874	15.91	63.6
Arkansas	5,998	3,811	13.44	63.5
Louisiana	8,925	5,271	15.39	59.1
Oklahoma	9,611	6,491	19.03	67.5
Texas	30,270	19,301	15.76	63.8
Mountain	39,648	26,679	28.62	67.3
Arizona	9,924	6,752	26.39	68.0
Colorado	10,173	6,817	30.33	67.0
Idaho	3,795	2,394	27.93	63.1
Montana	2,843	1,889	23.77	66.5
Nevada	3,387	2,440	45.15	72.1
New Mexico	4,978	3,471	34.32	69.7
Utah	3,526	2,288	23.79	64.9
Wyoming	1,024	627	17.93	61.3
Pacific	165,442	117,344	40.30	70.9
Alaska	615	438	54.10	71.3
California	138,921	99,410	45.68	71.6
Hawaii	2,854	1,853	28.68	64.9
Oregon	11,083	7,572	27.76	68.3
Washington	11,970	8,071	20.72	67.4
Outlying Areas [4]	2,561	1,569	7.54	61.3

[1] Based on data recorded as of July 1, 1979.
[2] Based on supplementary medical insurance enrollment as of July 1.
[3] Consists of 50 States and the District of Columbia.
[4] Consists of Puerto Rico, Virgin Islands, Guam, other areas, and residence unknown.

TABLE 4

Use of Hospital Outpatient Services by the Disabled Excluding ESRD: Covered Charges and Reimbursements, by Residence, 1978[1]

(Dollar amounts in thousands)

Area of Residence	Covered Charges	Reimbursements		
		Amount	Per Beneficiary[2]	As Percent of Charges
All Areas	$158,287	$104,301	$41.29	65.9
United States [3]	157,975	104,121	41.80	65.9
Northeast	45,768	29,651	54.21	64.8
North Central	33,235	21,239	36.08	63.9
South	40,658	25,783	27.66	63.4
West	38,314	27,449	64.92	71.6
New England	11,106	7,623	63.40	68.6
Connecticut	2,141	1,381	51.21	64.5
Maine	933	542	38.97	58.1
Massachusetts	6,630	4,766	86.36	71.9
New Hampshire	410	274	35.89	66.8
Rhode Island	758	515	46.42	67.9
Vermont	234	145	26.74	62.1
Middle Atlantic	34,662	22,028	51.61	63.6
New Jersey	6,595	4,655	57.62	70.6
New York	18,257	11,541	56.94	63.2
Pennsylvania	9,809	5,831	40.69	59.4
East North Central	25,527	16,203	37.69	63.5
Illinois	5,540	3,741	37.22	67.5
Indiana	2,587	1,653	29.83	63.9
Michigan	8,667	5,345	50.22	61.7
Ohio	6,253	4,050	32.89	64.8
Wisconsin	2,480	1,414	31.80	57.0
West North Central	7,708	5,036	31.74	65.3
Iowa	1,033	665	25.22	64.4
Kansas	974	668	35.13	68.6
Minnesota	1,881	1,260	40.11	66.9
Missouri	2,873	1,800	30.56	62.7
Nebraska	582	395	33.51	67.8
North Dakota	182	126	24.68	69.1
South Dakota	181	122	20.10	67.3
South Atlantic	23,917	15,166	32.63	63.4
Delaware	330	202	34.60	61.2
District of Columbia	631	436	60.55	69.2
Florida	5,561	3,784	31.42	68.1
Georgia	4,255	2,757	35.73	64.8
Maryland	3,277	2,149	62.83	65.6
North Carolina	3,316	1,924	24.28	58.0
South Carolina	1,635	838	19.16	51.3
Virginia	3,284	2,234	39.00	68.0
West Virginia	1,627	842	21.19	51.7

TABLE 4—Continued

Use of Hospital Outpatient Services by the Disabled Excluding ESRD: Covered Charges and Reimbursements, by Residence, 1978[1]

(Dollar amounts in thousands)

Area of Residence	Covered Charges	Reimbursements		
		Amount	Per Beneficiary[2]	As Percent of Charges
East South Central	7,789	4,897	22.55	62.9
Alabama	1,926	1,264	22.70	65.6
Kentucky	1,446	807	14.95	55.8
Mississippi	1,533	1,004	24.79	65.5
Tennessee	2,883	1,821	27.19	63.1
West South Central	8,953	5,720	22.86	63.9
Arkansas	1,208	757	18.99	62.6
Louisiana	1,347	769	14.53	57.1
Oklahoma	1,356	929	25.70	68.5
Texas	5,041	3,265	26.91	64.8
Mountain	5,476	3,662	38.93	66.9
Arizona	1,607	1,059	38.98	65.9
Colorado	1,330	906	44.82	68.1
Idaho	510	324	39.21	63.5
Montana	327	205	26.01	62.8
Nevada	554	390	57.77	70.4
New Mexico	625	426	32.34	68.2
Utah	446	304	37.82	68.2
Wyoming	76	49	18.82	63.7
Pacific	32,839	23,787	72.35	72.4
Alaska	95	65	59.96	68.9
California	28,921	21,080	82.23	72.9
Hawaii	428	288	47.56	67.4
Oregon	1,557	1,087	40.39	69.8
Washington	1,838	1,266	33.02	68.9
Outlying Areas [4]	312	180	5.08	57.6

[1] Based on data recorded as of July 1, 1979.
[2] Based on supplementary medical insurance enrollment as of July 1.
[3] Consists of 50 States and the District of Columbia.
[4] Consists of Puerto Rico, Virgin Islands, Guam, other areas, and residence unknown.

TABLE 5

Approximate Standard Error of Estimated Charges and Reimbursements for Aged, Disabled, and ESRD Beneficiaries

(68 chances out of 100)

Estimated Charges and Reimbursements	Standard Error	
	Aged and Disabled	ESRD
$ 1,000	$ 970	NA
3,000	2,900	NA
5,000	4,900	NA
10,000	9,700	NA
30,000	17,000	NA
50,000	23,000	NA
100,000	33,000	NA
300,000	59,000	$ 260,000
500,000	78,000	330,000
1,000,000	110,000	480,000
3,000,000	220,000	870,000
5,000,000	290,000	1,200,000
10,000,000	450,000	1,700,000
30,000,000	880,000	3,100,000
50,000,000	1,200,000	4,000,000
100,000,000	1,800,000	5,600,000
300,000,000	3,000,000	8,400,000
500,000,000	3,000,000	NA

NA—Not Applicable.

TABLE 6

Approximate Standard Error of Estimated Reimbursement as a Percent of Charges for Aged and Disabled Beneficiaries

(68 chances out of 100)

Amount of Charges in Base (in thousands)	Reimbursement as a Percent of Charges			
	40	50	60	70
$ 50	10.0	9.6	8.6	7.6
100	7.3	6.7	6.0	5.3
300	4.1	3.8	3.4	3.1
500	3.2	2.9	2.6	2.4
1,000	2.2	2.0	1.8	1.7
3,000	1.2	1.1	1.0	.98
5,000	.91	.86	.81	.77
10,000	.63	.59	.57	.55
30,000	.48	.47	.45	.44
50,000	.45	.43	.41	.36
100,000	.34	.32	.30	.27
300,000	.25	.23	.21	.18
500,000	.17	.16	.14	.13

Health Care Financing Notes

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